



BUSINESS TAX RECEIPT APPLICATION 2011-2012

No business tax receipt shall be issued until applicable city; county and state laws are complied with including, but not limited to, building, zoning, fire control and health. This application must be filled out completely. If not applicable write in N/A. All Business Tax receipts cost \$40.00 except for Liquor store.

Application is hereby made for (check one):

____ New Business Tax Receipt ____ Renewal Business Tax Receipt

____ Name Change ____ Ownership Change ____ Location Change ____ Mailing Address Change

Business Information:

Business Name _____

Business Location Address _____

City/State _____ Zip Code _____

Business Phone # (_____) _____ Business Fax # _____

Contacts Name _____ Contacts Cell # _____

Nature of Business Describe in Detail _____

Business Email Address _____

Mailing Address (*if different than Business location*)

Federal Employer I.D. # _____ -or- Social Security # _____

Florida Sales Tax # _____

Any business, profession or occupation operating in the City of Groveland must provide proof of the registration with the State of Florida:

Corporations, Trademarks, Limited Partnerships & Limited Liability Companies

Limited Liability & General Partnerships

Cable Franchises

Fictitious Name this includes business names using DBA

The following documents are required at the time of application (if applicable):

- **Application**
- **Current County Business Tax Receipt**
- **Federal employer identification number or Social Security**
- **Proof of Registered Officers/Directors with the State of Florida (www.sunbiz.org)**
- **Proof of Fictitious Name registration this includes DBA (www.sunbiz.org)**
- **Florida Department of Business and Professional Regulation (if regulated by DBPR)**
- **Department of Health (Submit Active State Certificate, Registration or License)**
- **Florida Department of Agriculture and Consumer Services, Division of Food Safety**
- **Certificate of Occupancy (If new business)**

If the above named business does not need to comply with the Fictitious Name Act for the following reason:

_____ Owner's first and last name included within name of the business

_____ Attorney licensed and practice law in State of Florida

Restaurant Seating _____ (number of seating if dine in) *(if applicable attach a copy of inspection report from Division of Hotel & Restaurants)*

Serve Alcohol _____yes _____no *(attach a copy of Liquor License)*

Beauty/Barber Shops (number of seats) _____ *(attach a copy of State Operator's License)*

Tanning beds _____yes _____no *(attach a copy of Health Department)*

Contractor, Professionals etc. _____yes _____no *(attach a copy of State Certification DBPR)*

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If your business is a corporation, or firm please list all members and their titles below:

If operator or manager of business is different than applicant, please list name, address and telephone number other than your business.

Note: In no event, under this or any other law, shall any person, veteran or otherwise, be allowed any exemption whatsoever from the payment of any amount required by law for the issuance of a Business Tax Receipt to sell intoxicating liquors or malt and vinous beverages.
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Under penalty of perjury, I certify that the foregoing information is, to the best of my knowledge and belief, true and accurate.

I acknowledge that that a Receipt issued pursuant to this application does not waive requirements of any city, county, state or federal ordinance, statute or regulation that I must meet prior to entering the business, profession or occupation for which the Receipt is sought. I have or will comply with all such requirements.

I acknowledge that a Receipt issued pursuant to this application does not indicate that the parcel of land upon which I intend to operate is properly zoned for the activity I intend. It is my responsibility to verify compatible zoning with the appropriate zoning authority prior to commencing operations.

I acknowledge and understand that any false information given will cause this license to be automatically revoked and shall constitute the operation of the business as being without a license and subject to the penalties set forth in section 1-12 of the City Code of Ordinances.

I acknowledge and agree to any and all Fire Safety Inspections and Code Enforcement Inspections, and Certificate of Occupancy requirements with or without prior notice.

Every business, occupation or profession must file an application on the prescribed form with the City Clerk, signed by an officer, partner or owner of the business.

X

OWNER, OFFICER OR PARTNER

Title _____ Date _____

Late Payment Penalty: A license is not valid for more than one year and all licenses expire on September 30th of each year, except as otherwise provided by law. Any person who shall operate or continue to operate a business without having either taken out a new Business Tax Receipt or renewed an existing Business Tax receipt by November 1st shall be subject to a 10% penalty for the month of October, plus an additional 5% penalty for each subsequent month of delinquency thereafter until paid. However, the total delinquency penalty may not exceed 25% of the Business Tax Receipt for the delinquent establishment.

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OFFICE USE ONLY
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ZONING OFFICIAL: Approved By _____ Date _____

FIRE OFFICIAL: Approved By _____ Date _____

BUILDING OFFICIAL: Approved By _____ Date _____

EXEMPTIONS FROM THE BUSINESS TAX RECEIPT IF APPLICABLE

(Please check one if applicable)

_____ F.S. 205.162: Exemption for certain disabled persons, the aged, and widows with minor dependents

All disabled persons physically incapable of manual labor, widows with minor dependents, and persons 65 years of age or older:

- With no more than one employee or helper, and who uses their own capital only, not in excess of \$1,000.00, shall be allowed to engage in any business or occupation in counties in which they live without being required to pay for a business receipt.
- The exemption provided by this section shall be allowed only upon the certification of a reputable physician, stating that the applicant claiming the exemption is disabled, along with the nature and extent of the disability.
- In case the exemption is claimed by a widow with minor dependents, or a person over 65 years of age, proof of the right exemption shall be made.

_____ F.S. 205.192: Charitable, etc., organizations; occasional sales; Fundraising: exemption

- No business tax receipt shall be required of any charitable, religious, fraternal, youth, civic, service, or other such organization when the organization makes occasional sales or engages in fundraising projects when the projects are preformed exclusively by the members thereof and when the proceeds derived from the activities are used exclusively in the charitable, religious, fraternal, youth, civic, and service activities of the organization.

_____ F.S. 205.171: Exemptions allowed disabled veterans or their un-remarried spouses

- Any permanent resident of Florida who served during any of the specified periods (identified in s. 1.01(14)) who was honorably discharged from any of the United States Armed Forces, and who at the time of his or her application for a business tax receipt is disabled from performing manual labor shall be entitled to an exemption up to \$50 on any tax receipt to engage in any business or occupation in the state which may be carried on mainly through the personal efforts of the applicant as a means of livelihood when the state, county, or municipal tax receipt for such business or occupation.
- If the business tax exceeds the sum of \$50, the remainder of such business tax in excess of \$50 shall be paid.
- Such license shall be marked “Veterans Exempt Receipt” –“Not Transferable”
- The proof may be made by establishing to the satisfaction of such tax collecting authority by means of a certificate of honorable discharge or certified copy that the applicant is a veteran which may include one or more of the following:

A) Certificate of government – rated disability to an extent of 10% or more;

B) The affidavit or testimony of a reputable physician who personally knows the applicant stating the applicant is disabled from performing manual labor as a means of livelihood;

C) The certificate of the veteran’s service officer

of the county in which applicant lives attesting the fact that the applicant is disabled and entitled to receive a tax receipt within the meaning and intent of this section;

D) Pension certificate issued to him or her by the United States by reason of such disability; OR

E) Any other reasonable proof to establish the fact that such applicant is so disabled.